Image# 202109109466644375

PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)  |                            |              |             |   |                               |               |         |
|---|--|----------------------------|--------------|-------------|---|-------------------------------|---------------|---------|
|   | Spicer, Rebecca, June, ,   |                            |              |             |   |                               |               |         |
|   | (b) Address (number and street)<br>196 east Barbara In   | ☐ Check if address changed |              |             | Candidate's FEC Identification Number     H2CA02217 |                               |               |         |
|   | (c) City, State, and ZIP Code  |                            |              |             |   |                               |               | Amended |
|   | Willits  | CA 95490                   |              |             |   | Statement (N                  | I) OR         | (A)     |
| 4.  | Party Affiliation  | 5. Office Soug             | ht           |             |   | rict of Candidate             |               |         |
|   | CONSERVATIVE PARTY   | House                      |              |             | CA  | 02                            |               |         |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |  |                            |              |             |   |                               |               |         |
| 7.  | . I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s). (year of election) |                            |              |             |   |                               |               |         |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.   |                            |              |             |   |                               |               |         |
|   | (a) Name of Committee (in full)  |                            |              |             |   |                               |               |         |
|   | Deborah Harlan   |                            |              |             |   |                               |               |         |
|   | (b) Address (number and street)  |                            |              |             |   |                               |               |         |
|   | 481ten mile creek Rd   |                            |              |             |   |                               |               |         |
|   | PO BOX 65  |                            |              |             |   |                               |               |         |
|   | (c) City, State, and ZIP Code  |                            |              |             |   |                               |               |         |
|   | Laytonville  |                            |              |             | CA  | 95490                         |               |         |
| <ul> <li>8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.</li> <li>NOTE: This designation should be filed with the principal campaign committee.</li> <li>(a) Name of Committee (in full)</li> </ul> |  |                            |              |             |   |                               |               |         |
| (b) Address (number and street)   |  |                            |              |             |   |                               |               |         |
|   | (c) City, State, and ZIP Code  |                            |              |             |   |                               |               |         |
|   | I certify that I have exa  | mined this Stat            | ement and to | the best of | my knowledge a                                      | nd belief it is true, correct | and complete. |         |
| Si  | gnature of Candidate   |                            |              |             |   | Date                          |               |         |
| Sp  | oicer, Rebecca, June, ,  | [Electronically Filed]     |              |             |   | 09/10/2021                    |               |         |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.   |  |                            |              |             |   |                               |               |         |
|   |  |                            |              |             |   |                               |               |         |
|   |  |                            |              |             |   |                               |               |         |

FEC FORM 2 (REV. 02/2009)